RENEWAL APPLICATION RETAIL BEER LICENSE OFF PREMISES CONSUMPTION

STATE OF NEW YORK LIQUOR AUTHORITY

250 Broadway, New York, N.Y. 10007 99 Washington Ave., Suite 1806, Albany, N.Y. 12210 125 Main Street, Buffalo, N.Y. 14203

The Original and Local Board Copy of this application for 3 year renewal must be properly executed and signed and mailed in the enclosed return envelope and must be accompanied by the following:

must be accompanied by the following:

(1) CERTIFIED CHECK, BANK OFFICERS' CHECK or DRAFT, or MONEY ORDER for the required fee payable to the order of the State Liquor Authority.

(2) ORIGINAL BOND, issued by any surety company authorized to execute such bonds in the State of New York. Such bond must be completely filled out, signed and dated by both the surety company and the licensee, and must be effective for the full term of renewal period.

(3) Such other documents as required by reason of answers made to questions in this application and/or set forth in Instruction Form A-4.

ALL QUESTIONS MUST BE ANSWERED IN BOXES BELOW. (See Instructions on enclosed Form A-4) Any false answer or statement made by the applicant constitutes perjury and will subject any license issued hereunder to revocation.

										786 .2 5	1 1.1 2 1.	
	The appl	icant h	ereby a	applies fo	or a rene	wal of R	ETAIL	BE	ER license nov	v. held b	y applicant.	1 1 ^
Full name of applica		ip, name a					Trade	e name	e or other names un	der which a	pplicant does busi	ness
nicholas	Dileo		Tol	nn Di	Leo		, '		1		++	
michael	Persic	.O					1			-	(101-102)	FELL SEC
Street address of pre	. • 1		١			^	Post	office	address of premises	(if different)		
				NY		73						
City, town or village	Zip Code	'NU	1	Count	y • • • • • • • • • • • • • • • • • • •		City,	town	or village Zip Code	(if differen	t)	Telephone No.
Name of owner of bu				Non-ord on-	leasted	<u></u>	Adda	and of	owner of building			
m (cha	el Pe)	ncenseu are	located		6	71		VC .	Brookly	n MY
 (a) Give total n (b) List all the ("Person" in 		er license	s held b	y the same	"person" m	aking this					1. Total Num	ber of Licenses Held
of 1500 or n issued to su	nore. \$37.50 else ch licensee sha	ewhere. W Ill be doub	here, ho le the a	wever, the mount here	applicant is	the holder forth.	of two s	uch li	00 in cities and in icenses, the annual		ch additional lic	ense thereafter
License No.	1	ne of Appl			1	Address (Add Rider		ore space is needed)		County	Fee
	Dyker	PACK	Hot	BAyen	Inc_	713	86	57	Brooklyn	Ny	Kings	330,00
		exp	4-30	1-99					·	·		
	<u> </u>											
Jse this schedule "A" to aving been reported had		edged by the			Conne	ction with	business	3	Crime or Offense	Date		reported to the Authority of the Authori
					18-70-70-1- A	or other)						***************************************
							·					
4-44												
	***************************************									ļ		
Use this schedule	"B" to set forth de	tails of such	"changes"	(other than a	rrests, etc.) wh	ich had not be	en reported	to the	Authority or having been	n reported had	! not been acknowled	ged by the Authority.
	Nature	of Chan	ge			Da	ate			1	Details	
								•				
*												
TA 1	L • • •				2 4.	 -4- !		1	4		!! <i>! !</i>	-1d
						ate if a	nyone	no	t presently a	a princ		olved.
(a) Did anyone	assist you in	preparin	g this s	application'	7			۵.	N 0	1	•	coe stir nasiliess
(b) If so, give na	me, address a	nd busin	ess of e	ach such p	person.	•	4. (a)	<u>'~ U</u>		(b)	
IT IS NOT NECES ZATION TO ASSI CLAIMING TO BE CATION.	ST YOU IN FILI	NG THIS A	PPLICATION	ON. BEWARE	OF PERSON	s		,				



NEW YORK STATE LIQUOR AUTHORITY

APPLICATION FOR ALCOHOLIC BEVERAGE RETAIL LICENSE

claimin	ng to be able to assist you in secur	agency or organization to assist you in fi ing action on your application. The payment	t of money or other	thing of value for t
use of	influence, or promise of influence	in obtaining a license is a violation of l	aw and offenders w	ill be prosecuted.
		Hot		
1.)	APPLICANT NAMEDyk	er Park Bagels Inc		
_ ,	TRADE NAME (D/B/A)			
	. , ,	713 86th Street		
	Premises Street Address	Brooklyn New York	ZIP	11228
	County Kings Between what streets		rer. No.	
	-	ress (if different from above)		
	Premises Post Office Add	ress (if different from above)	•	
2.)	LANDLORD NAME John	Dileo & Michael Persico		
2.,	713	86th Street		
	City, Town or Village	Brooklyn New York	ZIP	11228
	Telephone No.			
	rerephone no.			
3.)	ATTODNEY / DEDDESENTAT	Flynn & Flynn		
3./	Office Address 237 Be	ach 116th Street	·	
	City, Town or Village	Rockaway Park New York	ZIP	11694
	Telephone No. 718-945	–1000		
	Telephone No.			
4.)	Algobolia Poversas Ligar	se class: Grocery Store Beer		MED 1 2 2
4.)	Alcoholic beverage bice.	ise Class:	APPRO LICENSING	BOARD
5.)	TOTAL PAYMENT DUE	REC	LICENSING	00
J.,	TOTAL PARAMIT DOS		EIVED 135	0 1995
6.)	PENAL BOND DUE			\$ 1,000
0.,		0CT 2	5 1995 W	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
2	and:		Byen	A STATE OF THE PARTY OF THE PAR
	07 / 100	LICENSIO	nocio NGH	0-()
	1	[OFFICE USE ONLY]	TO COUNCIL	ation
	0 00 00	[OFFICE USE ONLY]	Colombia	-1000
Date	filed:	•	2)°	
	y Code #			
	Board Action:	Approval	Disa	pproval
	LIQUOR AUTHORITY action		Disa	pproval
	014			
Date	of ISSUANCE: UN 10 15	SUE A L	12924	r
	LICENSE PROCES	- / / / ·	13105	
	BRAY = -	SING	· A	7
	MAY 1 5 19	96	\mathcal{Y}	
	MYR	D	ATA ENTE	RFD
		NA STATE OF THE ST	SK TRACKEN	
FORM:	: SLA APP. (REVISED 4/94)	:	AIT I WUONED	

Name	of applicant	Residence		Citizer	nship	DOB
3.)	TO BE FILLED IN	ONLY BY LIMITED LI	ABILITY COMPANY	OR LIMITEL	LIABILITY	PARTNERSHIP
Name		Member or Manage	r Position		% of Owner	ship Interest
			 		-	
				,		
		· · · · · · · · · · · · · · · · · · ·			** ***	
			,			1
	_					With the fig.
						
	·			4		
.)	TO BE FILLED IN	ONLY BY CORPORATION	N APPLICANTS			
a)	State under wha	t law applicant was	organized:		New York	
b)	Date of organiz		•		8/8/95	
c)	If applicant is	a foreign corporation	on, has a certif:	icate of	мо	YES
	authority been	obtained to do busi	ness in this sta	ate?		
đ)	If YES, date of	certificate:				
e)	Name of princip	al place of business	s :			Bagels Inc
f)	Address of prin	cipal place of busin	ness:		713 86th S	treet Brookly
g)	Number of outst	anding shares:			60	
			•	i		
h)		ddresses of the STO				
	and Directors as	of the date of fili	ng of this appli	.cation:		
					•	
ame o	of Stockholder/	Residence	Citizenship	Title	No. of Sha	ares Birth D
	icer/Director					
	olas DiLeo ael Persico	·	USA USA	Pres/Dir V Pres/Dir	20 Commo	
	Dileo	-	USA	Sec/Dir	20 Commo	
				500, 511	20 Connic	
						
		,				

٠.

10(a)	or option to lease?	NO YES X
ස ව (b)	If YES, state name and address of immediate lessor?	John DiLeo & Michael Pe 713 86th Street Brookly
(c)	Date and Duration of lease:	9/15/95-10 Years
(d)	Do the terms of the lease or other arrangement require payment by the applicant of any consideration based on a percentage of the receipts of the business?	NO X YES
(e)	If YES, state percentage and give details:	N/A
11.(a) Is any license under the Alcohol Beverage Control Law now in effect for the premises for which this application is filed?	NO X YES
(b)	If YES, state name of licensee:	N/A
(c)	License number:	n/a
12(a)	Will any other business of any kind be carried on in said premises?	NO X YES
(b)	If YES, provide details:	N/A
13.)	Are the said premises located in a district created under any zoning laws which restricts the maintenance of a business at the premises to be licensed?	NO X YES
14.)	Do said premises comply with all applicable building, fire and health laws, ordinances and regulations?	NO YES X
15(a)	Are premises located within 200 feet of a building occupied exclusively as a school, church, synagogue or other place of worship, which is located on the same street or avenue?	NO YES GROCERY STORE X
(b)	If YES, state what date said premises have been continuously licensed under the Alcoholic Beverage Control Law?	N/A ECEIVED 0CT 3 1 1995
(c)	If YES, provide the names and addresses in Section D, Statement of Area Plan, and indicate on the Block Plot Diagram?	STAJENABUOR AUTHORITE FILE REESA NEW YORK, N. T.J
16.)	Did you notify the appropriate Community Board or Municipality of your application and submit the original proof of mailing with your application?	NO YES X
17(a)	Does any person not an applicant herein, or if a corporate	NO X YES

· K

stockholder of such corporation any interest, financial, proprietary or other, direct or indirect, in the premises or in the business to be licensed or has made any loan to the applicant for said business, or has any lien or mortgage on the fixtures in the business?

(b) If so, state the names and addresses of such persons, the nature of their interest and the date when it was acquired?

	Name N/A	Address		Date Acquire
18 (a)	applicant, a	on not an applicant herein, or, if a corporate any person not an officer, director or f such corporation, or any person not reported	No <u>X</u>	Yes
	in questions basis or in a	above, share, or will share on a percentage my way in the receipts, losses or deficiencies ess, to any extent whatsoever.	· .	
(b)	If so, state nature and pe	the names and addresses of such persons, the ercent of their share and date acquired.		
	Name N/A	Address Sto	ock shares	Date Acqu
19(a)	or (if a cor stockholders premises or b	cant or (if a partnership) any of the partners poration) any of the officers, directors or any interest, directly or indirectly, in any pusiness where any alcoholic beverage is or sold at wholesale or retail, whether by	ио <u>х</u>	YES
	stock ownersh on, or owners	ip, interlocking directors, mortgage or lien ship of any real or personal property, or by ns including loans?		
(b)	license number	the name and addresses of the premises, the r, the date the interest was acquired and the of the interest.	NO N/A	YES
20 (a)	or (if a corr stockholders, ever been CONV sentences) of	cant or (if partnership) any of the partners poration) any of the officers, directors or or any agent or employee of the applicant, /ICTED (including pleas of guilty or suspended any felony or of any other crime or offense xcept traffic infractions?	NO	YES X
	and name of pe	date of conviction, crime or offense involved erson convicted. In each case a CERTIFICATE or a CERTIFICATE OF CONVICTION by the Court attached.		

	110-115,00	Date * 10/30/82	Name of person convicted Nick DiLeo		
	DWI	2/13/82	Michael Persico		
(a)	Are there any ARRESTS, IND traffic infractions) PENDI a partnership) any of the	NG against the applicant or partners or (if a corporat	(if		
	any of the officers, direct agent or employee of the a	tors or stockholders, or an	ny .		
b)	If YES, state date of convictor and name of person convictor	ction, crime or offense invo	plved		
	Crime or offense	Date	Name of person convicted		
	Federal Taxpayer Identification	ation No.:	Pending		
	If you did not provide your reason:	r Tax Number, indicate the	Number applied for and pending		
		r Tax Number, indicate the			
	reason:		and pending Number not required, exempt organization		
		o Collect Sales Taxes Numbe	Number not required, exempt organization		
	Certificate of Authority to (Please attach a copy if in Are you an employer or corremployees?	o Collect Sales Taxes Number your possession).	Number not required, exempt organization		
.)	Certificate of Authority to (Please attach a copy if in Are you an employer or corpemployees? If YES, complete the follow	o Collect Sales Taxes Number your possession). poration with one or more wing:	and pending Number not required, exempt organization r: Pending NO YES X		
1)	Certificate of Authority to (Please attach a copy if in Are you an employer or corpemployees? If YES, complete the follow Worker's Compensation Police	o Collect Sales Taxes Number your possession). poration with one or more wing:	<pre>Number not required, exempt organization r: Pending</pre>		
ı)))	Certificate of Authority to (Please attach a copy if in Are you an employer or corremployees? If YES, complete the follow Worker's Compensation Police Company:	o Collect Sales Taxes Number your possession). poration with one or more wing:	and pending Number not required, exempt organization r: Pending NO YES X		
i)))	Certificate of Authority to (Please attach a copy if in Are you an employer or corpemployees? If YES, complete the follow Worker's Compensation Police Company: Effective Date:	o Collect Sales Taxes Number your possession). coration with one or more wing:	and pending Number not required, exempt organization r: Pending NO YES X		
o) :) i) e)	Certificate of Authority to (Please attach a copy if in Are you an employer or corremployees? If YES, complete the follow Worker's Compensation Police Company:	o Collect Sales Taxes Number your possession). coration with one or more wing:	and pending Number not required, exempt organization r: Pending NO YES X Pending		

APPLICANTS MUST SUBMIT THE POLLOWING DOCUMENTS WITH THIS APPLICATION:

See INSTRUCTIONS for complete explanations.

- 24.) Financial Documents.
- 25.) Fingerprint Cards.
- 26.) Contracts.
- 27.) Photographs.
- 28.) Diagrams.

LIST OF EXPENSES FOR THIS VENTURE

All applicants must complete Section B.

Exper	ase Item (Actual or Estimated):
1.	Real Property \$260 000
2.	Fixtures & Equipment \$25 000
3.	Inventory\$13 050
4.	Security Deposit
5.	Attorney/Representative Fees \$1.500
6.	Operating Capital \$2 100
7.	Miscellaneous Expenses
8.	SLA Fees \$350
9.	First Month's Rent and Any Paid to Date
10.	Renovations \$8 000
11.	Goodwill
12.	Other
13.	Total Cash \$ 100 000
14.	Total Deferred $\frac{210\ 000}{\text{(Total Deferred includes loans, morgages, lines of credit, notes, etc.)}}$
	Explain how deferred: Mortgage on Bldg-\$210 000
15.	Total Cost \$ 310 000

FORM: SLA APP. (4/94)

INVENTORY EXPENSES AND STIPULATION

Grocery Store applicants ONLY must complete Section I.

DISPLAYED INVENTORY

1.	Dairy Products \$	\$2 500
2.	Canned Goods	\$2 000
3.	Baked Goods	\$1 500
4.	Fruits and Vegetables	-0-
5.	Butchered Meats (excluding cold cuts)	
6.	Other Groceries	\$1 500
7.	Cold Cuts	\$1 500
8.	Fish	
9.	Snack Foods (potato chips, pretzels, etc.)	\$750
10.	Soda and Confectionary Drinks	\$1 000
11.	Beer/Wine Products (anticipated amount)	<u>\$1 500</u>
12.	Drugs	
13.	Tobacco Products	\$800
14.	Toys and Other Games	-0-
15.	Other Miscellaneous	-0-
16.	TOTAL \$	13 050

NOTE: Items 1 through 8 must be at least 50% of the total to qualify.

"Displayed Inventory" shall mean consumer items removed from cases or quantity transportation packaging made ready for basic unit sales on permanent shelving or in refrigerator units.

The displayed grocery (food) inventory, Items 1-8 shall be at least 50% of the wholesale dollar value of the total displayed inventory. Snack foods and the anticipated beer inventory shall not constitute more than 25% of the total displayed inventory. If the displayed inventory is not in compliance with the foregoing

percentages, attach a sworn statement of explanation.

It is further stipulated and agreed that the off-premises beer license which applicant seeks, if issued, will be issued on the continuing condition that the average monthly sales of grocery items and non-grocery items will bear the same ratio to each other as they do in the inventory submitted, that any deviation in the sales which causes the grocery sales to be less than fifty percent of the total sales or because of the predominant sale of any item so as to be considered a specialty food store will be deemed to have altered the nature of the premises so that it is no longer a bona fide grocery store and may subject the licensee to revocation of the license.

FORM: SLA APP. (REVISED 4/94)

LIQUOR STORE QUESTIONNAIRE

Package Store applicants for PREMISES NOT CURRENTLY LICENSED must complete Section H.

List the four closest package stores and distances from the proposed and/or existing location.

N/A

(1)	Store Name:				
	Address:			 	· · · · · · · · · · · · · · · · · · ·
	Distance:		:		
(2)	Store Name:			 	
	Address:				
	Distance:				
(3)	Store Name:	,			
	Address:				5
	Distance:				
(4)	Store Name:				
	Address:				
	Distance:				

FORM: SLA APP. (REVISED 4/94)

STATE OF NEW YORK - LIQUOR AUTHORITY

Filing Net Total for due: 1906	THE PROPERTY OF THE PARTY OF TH	Renewal Application	(Directions for Comple	etion enclosed)		
New expression date: OFFICE OF STATES AND ACTION O				SPECIAL MAILII	VG REQUEST: Complete i	if you wa
DYKER PARK HOT BAGELS INC 713 36TH STREET BROOKLYN, NY 11228 NEW SLIKIAL9 1006815 OLD SPRIAL9: 02 IKING/AR043905122 13 SOTH STREET BROOKLYN, NY 11228 NEW SLIKIAL9 1006815 OLD SPRIAL9: 02 IKING/AR043905122 143 SOTH STREET BROOKLYN, NY 11228 New SLIKIAL9 1006815 OLD SPRIAL9: 02 IKING/AR043905122 143 SOTH STREET BROOKLYN, NY 11228 New SLIKIAL9 1006815 OLD SPRIAL9: 02 IKING/AR043905122 143 SOTH STREET BROOKLYN, NY 11228 ALL QUESTIONS MUST BE ANSWERED. If you changes in feeth a two-socured since for simple since of the spring of the application for your currenty hald loses which have been for no more of the spring of the application for your currenty hald loses which have been for no more of the application of the appli	Nam affective data			licensed premise.	ned to an address other s address:	than t
THIS CERTIFICATION MUST BE SIGNED and DATCH by INDIVIDUAL APPLICANT and EACH MEMBER OF A PARTNERSHIP INDIVIDUAL APPLICANT on one individual change of the statement of the above applications or an otherwise statement of the above applications or an otherwise statement of the above application or an otherwise statement of the WYS. I have a validated by the application of the application o						
RECEIVE MSD 7 1902 RECEIV	DYKER P.	ARK HOT BAGELS INC		112	305	
SEW SIRRALE. 100815 OLD SERIALE. QZIKINGA0043905122 1 SOTH STREET BROOKLYN, NY 11228 All QUESTIONS MUST BE ANSWERED. Inty false answer or stefement made by the applicant constitutes prejury and will subject any licenses benjurider to 1000000. If any changes in facis have occurred since the signing of the application for your currently held licenses which have not been reported to and acknowledged by the State Lauro Achievity with "YES" in loss at all set from helds of changes in facis in the application should be a since the signing of the application for your currently held licenses which have not been reported to and acknowledged by the State Lauro Achievity with "YES" in loss at all set from helds of changes in facis in the application and achieving the state of the application of the reverse side. If your premises are clearly state whether with "YES" in low and all so the changes and set from helds of changes in facis in the application and premated by the applicant. If your premises are clearly state whether with "YES" in low and the premises are clearly state whether and licensed business presently is regularly kept open and operated by the applicant. If your premises are clearly state whether with the premises the state of the premises of the state of the premises are clearly state whether and the premises are clearly state of the premises and state of the state of the premises of the premises of the premises of the premises of the state of the premises of the pre						
SEW SERMALE: 1006815 OLD SERMALE; QUEING&0043915122 11 SOTH STREET BROOKLYN, NY 11228 ALL QUESTIONS MUST BE ANSWERED. Intry false answer or statement made by the applicant constitutes prejuty and will audject any license hereunder to 1000000. If any changes in frach have occurred since the signing of me application for your currently held iscense which have not been reported to and acknowledged by the State Lupor Authority with "155" is thos at all and attemt fletals of changes in facts in the applicant sechedules A and/or B on the reverse side. If your premises are closed, state whether your license certificate is deposited in adviscoping with the applicant. If your premises are closed, state whether your license certificate is deposited in adviscoping with the applicant. If your premises are closed, state whether your license certificate is deposited in adviscoping with the applicant. If your premises are closed, state whether your license certificate is deposited in adviscoping with the applicant. If your premises are closed, state whether your license certificate is deposited in adviscoping with the applicant. If your premises are closed, state whether your license certificate is deposited in adviscoping with the applicant. If your premises are closed, state whether your license way to the premise of the applicant. If your premises are closed, state whether your license way to the premise of the applicant. If your premises are closed, state whether your license way to the premise of the applicant way to the premise and the				• • • •		_
ALL QUESTIONS MUST BE ANSWERD. ALL QUESTIONS MUST BE ANSWERD. If any changes in facts have occurred since the algoing of the application for your carrently held iscose which have not been reported to an advanced property of the state for the application for your carrently held iscose which have not been reported to an advanced god by the State future Activation which there is a change in facts have occurred since the algoing of the application for your carrently held iscoses which have not been reported to and advanced god by the State future Activation which they not been reported to an advanced god by the State future Activation which they not been reported to an advanced god by the State future Activation which they not been reported to the application of your carrently held is property of the state in the application of the state in the application of the state whether your scene cartificable is deposited in safetseeping with the spropriate zone office of the NYS Liquid Authority. If your premises are closed, state whether your scene cartificable is deposited in safetseeping with the spropriate zone office of the NYS Liquid Authority. If your premises are closed, state whether your scene cartificable is deposited in safetseeping with the spropriate zone office of the NYS Liquid Authority. If your premises are closed, state whether your scene cartificable is deposited in safetseeping with the spropriate zone office of the NYS Liquid Authority. If your premises are closed, state whether your scene cartificable is safety to the spropriate zone of the NYS Liquid Authority. If your premises are closed, state whether your scene cartificable is safety to the spropriate zone of the NYS Liquid Authority. If your premises are closed, state whether your scene cartificable is safety to the safety of the s				RECEIV	ED MAR 2 7 mar	• •j
ALL QUESTIONS MUST BE ANSWERED. In y false answer or statement made by the applicant constitutes perjury and will subject any license hereunder in processing and the reverse side. If any changes in facts have occurred since the ageing of the applicants for your currently had license where the process of any activativities of the Seath Liquin Anthropy water "ES" in Box #1 If any changes in facts have occurred since the ageing of the applicants for your currently had license which have not been reported to and schoolwided by the Seath Liquin Anthropy water "ES" in Box #1 If any changes in facts have occurred wince the appropriate some states and the state of the seath Liquin Anthropy water "ES" in Box #1 If no changes in facts have occurred wine "EN" in Box #2 If no changes in facts have occurred wine "EN" in Box #2 If no changes in facts have occurred wine "EN" in Box #2 If no changes in facts have occurred wine "EN" in Box #2 If no changes in facts have occurred wine "EN" in Box #2 If no changes in the facts have occurred wine "EN" in Box #2 If no changes in the facts have occurred wine "EN" in Box #2 If no changes in the facts have occurred wine "EN" in Box #2 If no changes in the facts have occurred wine "EN" in Box #2 If no changes in the facts have occurred wine "EN" in Box #2 If no changes in the facts have occurred wine "EN" in Box #2 If no changes in the facts have occurred wine "EN" in Box #2 If no changes in Box #2 If no changes in the facts have occurred wine "EN" in Box #2 If no changes in Box #2 If no changes in the facts have occurred wine "EN" in Box #2 If no changes in Box #2 If no	NEW SERIAL#: 1006815 '13 86TH STREET BROO	OLD SERIAL#: 021KINGA004	43905122			ζ -
ALL QUESTIONS MUST BE ANSWERD. Ityl fatice answer or statement made by the applicant constitutes perjury and will subject any itemse pergunder to revocation. If any changes in facts have occurred since the signing of the application for your currently held locanse which have not been reported to and acknowledged by the State Layor Authority with "YES" in Box at and Set forth entities of changes in facts in the appropriate schedules A andford B on the reverse side. If no changes in facts have occurred, with "NO" in Box at 1 State whether said licensed business presently is regularly kept open and operated by the applicant. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		71220				-
This Certification must be splication for your currently held license will have not been reported to an echnowinged by the State Layer Authority write "YES" in Box at and set from teals of changes in facts have occurred since the signing of the application for your currently held license will have not been reported to and echnowinged by the State Layer Authority write "YES" in Box at and set from teals or changes in facts in the appointage schedules A andfor B on the reverse side. If your premiers are closed, state whether you license certificate is deposited in safekeeping with the appopriate zone office of the NYS Legue Authority. APPLICANT INDESTANCES THAT AY CISANCE HAVY OF THE FACT'S REPORTED BEERN MACH COCCURS BETWEEN THE SOURCE OF THE APPLICANT INDESTANCES THAT AY CISANCE HAVE A THE APPLICANT INDESTAN	Make sure all names and addi changes on the reverse side.	ress information is correct, if not make t	he necessary			
If any changes in facts have occurred since the signing of the application for your currently hold license which have not been reported to and acknowledged by the State Liquor Authority writer "YES" in Box est and set from the facilities of changes in facts in the appointers schedules A and/or B on the reverse side. If no changes in facts have occurred, write "NO" in Box est. If your premises are closed, state whether your scense certificate is deposited in safekeeping with the applicant of the NYS Liquor Authority. If your premises are closed, state whether your scense certificate is deposited in safekeeping with the appropriate zone office of the NYS Liquor Authority. Applicability of the NYS Liquor Authority of the NYS Liquor Authority. Applicability of the NYS Liquor Authority of the NYS Liquor Authority. Applicability of the NYS Liquor Authority and the NYS Liquor Authority. Applicability of the NYS Liquor Authority of the Authority. Applicability of the NYS Liquor Authority of the Authority. Applicability of the NYS Liquor Authority of the Authority. Applicability of the NYS Liquor Authority of the Authority. Applicability of the NY		ALL QUESTI	ONS MUST BE ANSWEI	RÉD,		
and set forth refeats of changes in facts in this appropriate schedules A and/or B on the reverse side. If no changes in facts have occurred, write "NO" in Box #1. If no changes in facts have occurred, write "NO" in Box #1. State whether said licensed business presently is regularly kept open and operated by the applicant. 2.	Any false answer or statemer evocation.	nt made by the applicant constitutes pe	erjury and will subject any lice	nse hereunder to		
and set forth refeats of changes in facts in this appropriate schedules A and/or B on the reverse side. If no changes in facts have occurred, write "NO" in Box #1. State whether said licensed business presently is regularly kept open and operated by the applicant. 2	. If any changes in facts i	have occurred since the signing of the a	polication for your currently belo	d license	NO	
State whether said licensed business presently is regularly kept open and operated by the applicant. If your premises are closed, state whether your license certificate is deposited in safekceping with the applicant. If your premises are closed, state whether your license certificate is deposited in safekceping with the applicant. If your premises are closed, state whether your license certificate is deposited in safekceping with the applicant. If your premises are closed, state whether your license certificate is deposited in safekceping with the applicant. If your premises are closed, state whether your license certificate is deposited in safekceping with the applicant. If your premises are closed, state whether your license certificate is deposited in safekceping with the applicant. If your premises are closed, state whether your license certificate is deposited in safekceping with the applicant. If your premises are closed, state whether your license certificate is deposited in safekceping with the applicant. If your premises are closed, state whether your license certificate is deposited in safekceping with the applicant. If your premises are closed, state whether your license certificate is deposited in safekceping with the applicant. If your premises are closed, state whether your license certificate is deposited within the safekceping with the safekceping within the premise short license. If your premises are closed, state whether your license and in any and all application and the statements and the statements and in physical changes have been made to the license premises since the sustance of the original license, except hone which the original license, except hone within the original license was assued in expression made was a statement and answers in the license and in subsequent enewal application so renewal thereof are true and correct, except as modified in authority in the statements and answers from the license of the original perication upon which he company the promise short in th	and set forth details of c	ported to and acknowledged by the State	A Liquor Authority write "VEC" :-	- D 444		
If your premises are closed, state whether your license certificate is deposited in safekeeping with the appropriate zone office of the NYS Liquid Authority. APPLICANT UNDERSTANDS THAN AY CHANGE IN ANY OF THE FACTS REPORTED HEREIN WHICH OCCURS BETWEEN THE GIGNING OF THIS APPLICATION AND APPLICATION APPLICATI	ii no changes in racts na	ave occurred, write "NO" in Box #1.		VES	NO	
APPLICATION MUST BE SIGNED and DATED by INDIVIDUAL APPLICANT and EACH MEMBER OF A PARTNERSHIP INDIVIDUAL APPLICANTON MUST BE SIGNED and DATED by INDIVIDUAL APPLICANT and EACH MEMBER of A PARTNERSHIP INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION INDIVIDUAL APPLICANT SAND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION INDIVIDUAL APPLICANT SAND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION INDIVIDUAL APPLICANT SAND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION INDIVIDUAL APPLICANT SAND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION INDIVIDUAL APPLICANT SAND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERS						
IE COMPLEXENT UNDERSTANDS THAT ANY CHANGE IN ANY OF THE FACTS REPORTED HERRIM WHICH COCURS RETYMEN THE SUBMIC OF THE NEW LICKES PERSON IN WHITEN BY CERTIFIED OR REGISTERED MALE WITHIN HOURS ANY HANGE OF FACTS OF THE NEW LICKES PERSON IN WHITEN BY CERTIFIED OR REGISTERED MALE WITHIN HOURS ANY HANGE OF FACTS OF THE NEW LICKES PERSON IN WHITEN BY CERTIFIED OR REGISTERED MALE WITHIN 10 DAYS. THE FAILURE TO COMPLY WITH HE FOREOGNE IS A GROUND FOR THE REVOCATION. CARCELLATION OF THE LICKES. APPLICANT HERREY AGRES THAT ANY APPLICATION FLEED UNDER THE ALCOHOLIC BEVERAGE CONTROL LAWBY ANY PERSON HANNE ANY INTEREST UNDER COMPLEX THE STATE LICLION AUTHORITY IN ACTING UPON THIS APPLICATION. THIS CERTIFICATION MUST BE SIGNED and DATED by INDIVIDUAL APPLICANT and EACH MEMBER OF A PARTNERSHIP INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION. WE UNDERSON HER HAVE COMPLETED THE SECTION HAVE BEEN AND A PROPERTY OF THE STATE LICLION AUTHORITY IN ACTING UPON THIS APPLICATION. WE UNDERSON HER HAVE COMPLETED THE SECTION HAVE BEEN AND A PROPERTY OF THE STATE LICLION AUTHORITY IN ACTING UPON THIS APPLICATION. WE UNDERSON HE WAS AND THE SECTION HAVE BEEN AND A PROPERTY OF THE SECTION. WE UNDERSON HAVE BEEN AND A PROPERTY OF THE SECTION HAVE BEEN AND A PROPERTY OF THE SECTION. WE UNDERSON HAVE BEEN AND A PROPERTY OF THE SECTION HAVE BEEN AND A PROPERTY OF THE SECTION. WE UNDERSON HAVE BEEN AND A PROPERTY OF THE SECTION HAVE BEEN AND A PROPERTY OF THE SECTION HAVE BEEN AND A PROPERTY OF THE SECTION HAVE BEEN ADDRESS. THE FAILURE TO THE SECTION HAVE BEEN AND A PROPERTY OF THE SECTION HAVE BEEN ADDRESS. THE FAILURE TO THE SECTION HAVE BEEN ADD	appropriate zone office of	of the NYS Liquor Authority.		, I'T	Applicable	_
APPLICANT HEREBRY ADBEST AT MATAY APPLICATION OR SUSPENSION OF THE LUCENSE APPLICANT HEREBRY ADBEST AND APPLICATION FILED UNDER THE ALCOHOLIC BEVERAGE CONTROL LAW BY ANY PERSON HAVING ANY INTEREST, DIRECT INDIRECT. EITHER IN THE PREMISES OF IN THE BUSINESS TO BE LICENSCO. TOR ANY LICENSE OR PERMIT, SHALL BE DEEMED AND MADE A PART HEREOF AND MISIBERED BY THE STATE LIQUOR AUTHORY IN ACTING UPON THIS APPLICATION THIS CERTIFICATION MUST BE SIGNED and DATED by INDIVIDUAL APPLICANT AND EACH MEMBER OF A PARTNERSHIP INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION. I undersigned on the state of the	APPLICANT UNDERSTAND E COMMENCEMENT OF THE NI HANGE OF FACTS OCCURRING	OS THAT ANY CHANGE IN ANY OF THE FAC EW LICENSE PERIOD MUST BE REPORTED	OTS REPORTED HEREIN WHICH (TO THE AUTHORITY IN WRITING	OCCURS BETWEEN THE S	SIGNING OF THIS APPLICATE	ON AND
THIS CERTIFICATION TO BE SIGNED AND DATED BY A CORPORATION CORPORATE OFFICER COMPLETE THIS SECTION CORPORATE OFFICER	HE FOREGOING IS A GROUND F	FOR THE REVOCATION, CANCELLATION O	R SUSPENSION OF THE LICENSE	E. OKTED WITHIN TO DAY	S. THE FAILURE TO COMPL	Y WITH
Date MARCE IN ACT TO SET TO SET THIS CERTIFICATION TO BE SIGNED AND DATED BY A CORPORATION CORPORATE OFFICER COMPLETE THIS SECTION CORPORATE OFFICER COMPLETE THIS SECTION (Title of Corporato Officer) (Title of Corporato Officer) COMPLETE THIS SECTION (Title of Corporation to the complete the same are true of Said applicant corporation to make the statements and answers therein, that the same are true of Said applicant corporation to make the statements and answers therein, that the same are true of Said applicant corporation to make the statements and answers therein, that the same are true of Said applicant corporation to make the statements and answers therein, that the same are true of Said applicant corporation to make the statements and answers therein, that the same are true of Said applicant corporation to make the statements and answers therein, that the same are true of Said applicant corporation the same are true of Said applicant corp	ne undersigned, each for himse erein, that the same are true of at no physical changes have b ad represents that all statemen	elf, certifies that he is the applicant above f his own knowledge, that he has complie seen made to the licensed premises since the made in the cricinal application for the	e named; that he knows the cont ad and will continue to comply wi the issuance of the original lice	tents of the above applic ith all conditions upon wh ense, except those autho	ation and the statements co nich the original license was	issued:
(Signature of licensee(s)) THIS CERTIFICATION TO BE SIGNED AND DATED BY A CORPORATION CORPORATE OFFICER COMPLETE THIS SECTION Contribution in behalf of said applicant corporation; that he knows the contents of the above application and the statements and answers therein, that the same are true of own knowledge; that he has been authorized by order of the Board of Directors of said applicant corporation to make the statements and answers in this livid continue to comply with all conditions upon which the original license was issued; that no phase above have been made to the licensed premises since issuance of the original license, except those authorized by the State Liquor Authority, and represents that all statements made in the original applications for renewal thereof are true and correct, except as modified in subsequent renewal applications or as otherwise reported to Dated Dated Dated Disapproved Disapproved Disapproved S.L.A. BY	odified in subsequent renewal	.,	and monitoring ages of applicate	d by the Authority.		ccept as
(Signature of licensee(s)) THIS CERTIFICATION TO BE SIGNED AND DATED BY A CORPORATION CORPORATE OFFICER COMPLETE THIS SECTION Contribution in behalf of said applicant corporation; that he knows the contents of the above application and the statements and answers therein, that the same are true of own knowledge; that he has been authorized by order of the Board of Directors of said applicant corporation to make the statements and answers in this livid continue to comply with all conditions upon which the original license was issued; that no phase above have been made to the licensed premises since issuance of the original license, except those authorized by the State Liquor Authority, and represents that all statements made in the original applications for renewal thereof are true and correct, except as modified in subsequent renewal applications or as otherwise reported to Dated Dated Dated Disapproved Disapproved Disapproved S.L.A. BY		-	Date MARCH /	1 acts	. ,	_
(Signature of licensee(s)) THIS CERTIFICATION TO BE SIGNED AND DATED BY A CORPORATION CORPORATE OFFICER COMPLETE THIS SECTION CORPORATE OFFICER COMPLETE THIS SECTION The above named applicant corporation; that he knows the contents of the above application and the statements and answers therein, that the same are true of own knowledge; that he has been authorized by order of the Board of Directors of said applicant corporation to make the statements and answers itself; that it has compiled in the complete of the all conditions upon which the original license was issued; that no physical changes have been made to the licensed premises since as early and all applications for renewal thereof are true and correct, except as modified in subsequent renewal applications or as otherwise reported to acknowledged or approved by the Authority. Dated DISAPPROVED DISAPPROVED I Horne Phone) (Fille of Corporato Officer)	2-1-15			17-1 K 17-1 K 11	-celi Inc	
CORPORATE OFFICER COMPLETE THIS SECTION Control of Corporation Corp			(Addiess)		(Home Phone)	
CORPORATE OFFICER COMPLETE THIS SECTION Control of Corporato Officer) The above named applicant corporation; that he knows the contents of the above application and the statements and answers therein, that the same are true of own knowledge; that he has been authorized by order of the Board of Directors of said applicant corporation to make the statements and answers in this will continue to comply with all conditions upon which the original license was issued, that no physical changes have been made to the licensed premises since issuance of the original license, except those authorized by the State Liquor Authority, and represents that all statements made in the original applications for renewal thereof are true and correct, except as modified in subsequent renewal applications or as otherwise reported to the complete of authorized officer) Dated Dated Disapproved Disapproved Disapproved S.L.A. BY	· · · · · · · · · · · · · · · · · · ·	THIS CERTIFICATION TO BE	SIGNED AND DATED BY	CORPORATION		
APPROVED DISAPPROVED DISAPPROVED S.L.A. BY	,	CORPORATE OFFI	CER COMPLETE THIS SE	CTION		
Signature of authorized officer) Disapproved APPROVED DISAPPROVED DISAPPROVED DISAPPROVED DISAPPROVED DISAPPROVED Disapplicant corporation to make the statements and answers in this composition in behalf of said applicant corporation with the same force and effect as if said corporation made such statements and answers itself; that it has complied corporation to comply with all conditions upon which the original license was issued; that no physical changes have been made to the licensed premises since issuance of the original discense, except those authorized by the State Liquor Authority; and represents that all statements made in the original application for this lacknowledged or approved by the Authority. Dated Disapproved by the Authority. Disapproved S.L.A. BY	· While i	Cic - wicholas Dil	contifies that he is	cion		
Signature of authorized officer) Disapproved APPROVED DISAPPROVED DISAPPROVED DISAPPROVED DISAPPROVED DISAPPROVED Disapplicant corporation to make the statements and answers in this composition in behalf of said applicant corporation with the same force and effect as if said corporation made such statements and answers itself; that it has complied corporation to comply with all conditions upon which the original license was issued; that no physical changes have been made to the licensed premises since issuance of the original discense, except those authorized by the State Liquor Authority; and represents that all statements made in the original application for this lacknowledged or approved by the Authority. Dated Disapproved by the Authority. Disapproved S.L.A. BY	he above named applicant co	rporation; that he knows the contents of	the above application and the s	(Title of Corporate O	fficer)	
issuance of the original license, except those authorized by the State Liquor Authority, and represents that all statements made in the original applications for renewal thereof are true and correct, except as modified in subsequent renewal applications or as otherwise reported to lacknowledged or approved by the Authority. Dated	lication in behalf of said applic	been authorized by order of the Board	of Directors of said applicant	corporation to make the	statements and answers	in this
Dated	issuance of the original license	A except those sutherined butter out	true toodoo, triat no priyora	ir changes have been ma	ide to the licensed premise	s since
(Signature of authorized officer) E APPROVED DISAPPROVED S.L.A. BY	acknowledged or approved b	itions for renewal thereof are true and co by the Authority.	rrect, except as modified in sub	osequent renewal applica	ations or as otherwise repo	ror this orted to
(Signature of authorized officer) E APPROVED DISAPPROVED S.L.A. BY			,	6		
(Signature of authorized officer) E APPROVED DISAPPROVED S.L.A. BY		Da	ated	18 200		_
(Signature of authorized officer) E APPROVED DISAPPROVED S.L.A. BY) 2 1					
E APPROVED DISAPPROVED S.L.A. BY		all Eu				
DISAPPROVED S.L.A. BY	(Signature of authorized	d officer)				
DISAPPROVED S.L.A. BY						
H1016	, u	PROVED DI	SAPPROVED	S.L.A. BY		

STATE OF NEW YORK - LIQUOR AUTHORITY

(Renewal Application)

ADDRESS CHANGES OR CORRECTIONS: Note if address was changed by Post Office, City, Town, Village or 911 Emergency Systems, please submit notice of authorization from appropriate agency. Street address of premises to be licensed Post office address of premises (If different) City, town or village - Zip Code Telephone Number City, town or village - Zip Code (If different) Landlord Name Landlord Address 1a. If you answered yes to Question 1, on the reverse, complete the appropriate schedule "A" or "B". Use this schedule "A" to set forth details of arrests, summonses and/or convictions which have occurred since the signing of the application for the currently held license and have not been reported to the Authority or having been reported have not been acknowledged by the Authority. (If more space is needed, attach rider). Name of Defendant Connection with Business Date Disposition in (Licensee, employee, patron or other) Offense Each case Use this schedule, "B" to set forth details of any outstanding loans and/or such "changes" (other than arrests, etc.) which have not been reported to the Authority or having been reported, had not been acknowledged by the Authority. (See instruction forms. If more space is needed, attach rider). Nature of Change Date Details NOTIFICATION RIDER TO RENEWAL APPLICATION ON PREMISES LICENSEES ONLY MUST COMPLETE THIS SECTION NOTICE TO MUNICIPALITY/COMMUNITY BOARD You are required by the Alcoholic Beverage Control Law, Section 64, Subdivision 2a, upon receipt of a renewal application for a license to sell alcoholic beverages at retail for consumption on the premises, to promptly notify, in writing, the Clerk of the Village, Town or City wherein the premises are located of your application to the State Liquor Authority not less than thirty days prior to the submission of your application to the Authority. In the City of New York, such notification is to be sent to the community board with jurisdiction over the area in which the premises is located. Notification pursuant to this Section is to be sent by certified mail, return receipt requested. You must keep the certified mail receipt for your records. CERTIFICATION RIDER TO APPLICATIONS I hereby certify that I have complied with the requirements of Section 64, subdivision 2a of the Alcoholic Beverage Control Law, and have sent notification of my renewal application to become licensed, by certified mail, return receipt requested to the Clerk of the City, Town, Village (circle one) of , or, in New York City, the Clerk of Community Board # _ _ Borough of _ where the premises are located. Trade Name Address of Premises Signature License Number Date NOTE: FAILURE TO NOTIFY THE APPROPRIATE MUNICIPALITY OR COMMUNITY BOARD AT LEAST THIRTY (30) DAYS PRIOR TO THE SUBMISSION OF YOUR APPLICATION OR RENEWAL MAY RESULT IN A DELAY IN PROCESSING YOUR APPLICATION.

You must keep the certified mail receipt for your records!

2

STATE OF NEW YORK - LIQUOR AUTHORITY Renewal Application (Directions for Completion enclosed)

License fee: Filing fee: Total fee due:	330.00 30.00 360.00	236722	your license mailed licensed premises a	REQUEST: Complete if you want to an address other than the ddress: ED MAR 0 9 2005
New effective date: New expiration date:	05/01/2005 04/30/2008			
DYKER PARK	HOT BAGELS INC			
713 86TH STRI BROOKLYN, N				
NEW SERIAL#; 1006815 713 86TH STREET BROOKL (Premise address)	OLD SERIAL#: 051KINGA00 YN, NY 11228	43905122		
Make sure all names and address int changes on the reverse side.	ormation is correct, if not make the r	necessary		
	ALL QUESTIO	NS MUST BE ANSWERE	ED.	
Any false answer o	or statement made by the applicant o	constitutes perjury and will subje	ect any license hereunde	er to revocation.
which have not been reported	ccurred since the signing of the appl to and acknowledged by the State L ne appropriate schedules A and/	iquor Authority check "YES" and	set forth	i NO,
in facts have occurred, check	'NO".		1. 🗆	Ø
	isiness presently is regularly kept op	en and operated by the licensee	e. 2. 🌌	'
If no, submit statement with ex	pianauon.			Not Applicable
 If your premises are closed, sta appropriate zone office of the I 	te whether your license certificate is	deposited in safekeeping with	the 3. \square	
CHANGE OF FACTS OCCURRING AFTER FOREGOING IS A GROUND FOR THE R	R THE COMMENCEMENT OF THE NEW EVOCATION, CANCELLATION OR SUS	TO THE AUTHORITY IN WRITING B LICENSE PERIOD MUST BE REPC PENSION OF THE LICENSE.	BY CERTIFIED OR REGISTI PRTED WITHIN 10 DAYS. T	ERED MAIL WITHIN 48 HOURS. ANY THE FAILURE TO COMPLY WITH THE
CONSIDERED BY THE STATE LIQUOR	AUTHORITY IN ACTING UPON THIS AP	IED, FOR ANY LICENSE OR PER. PLICATION.	MIT, SHALL BE DEEMED	AND MADE A PART HEREOF AND
	IST BE SIGNED and DATED b			
The undersigned, each for himself, ce therein, that the same are true of his or that no physical changes have been m represents that all statements made in subsequent renewal applications or	wn knowledge, that he has complied lade to the licensed premises since the the original application for this licens	named; that he knows the conte I and will continue to comply with ne issuance of the original licens se and in any and all applications	nts of the above applica n all conditions upon whi e, except those authorize s for renewal thereof are t	tion and the statements contained th the original license was issued;
•	D	ate march 7	2005	·
- Ol		_		
(Signature of licensee(s))		(Home Addre	ess)	(Home Telephone)
THIS	ERTIFICATION TO BE SIGNE	D AND DATED BY A CORF	PORATION OR A CL	UB
	R OR CLUB ALCOHOLIC BEV	_		TE THIS SECTION
Print Name of Corporate O	fficer)	_certifies that he is	4D 1 (THE 60	Corporate Officer)
of the above named applicant corpora own knowledge; that he has been auth behalf of said applicant corporation wit to comply with all conditions upon while original license, except those authorize all applications for renewal thereof an approved by the Authority.	onzed by order of the Board of Direct th the same force and effect as if said th the original license was issued; the ad by the State Liguor Authority; and	Ors of said applicant corporation corporation made such statement no physical changes have been coresents that all statements made in the corporation of the corporat	nto make the statements ents and answers itself; the n made to the licensed p	and answers in this application in at it has complied and will continue remises since the issuance of the
		Date march	7 2005	
a la				
(Signature of authorized offi	cer)	(Home	Address and Home Tele	ephone)
DATE APPRO	VED DI	SAPPROVED .	S.L.A. BY	

Form#1016 SLA(Revised 03/04)

STATE OF NEW YORK - LIQUOR AUTHORITY

ADDDEES OHANGES OF		(Renewal A			
	R CORRECTIONS: Note if physi 911 address reassignment, plea	cal address ase submit	of premises was chan notice of authorization	iged by Post Offic from appropriate	ze, City, Town, Villag∉ agency.
Street address of premises to			Post office address of prer	mises (If different)	
713 86	₹.			•	
City, lown or village - Zip Code	Cieptione	1	City, town or village - Zip C	Code (If different)	
Brooklyn Landford Name	NY PIR o.	36-6336		(.4	
Onicholms T	Dileo, John Dila	ال در	Landlord Address 367	et st n	an Vich
1a. If you answered ye	es to Question 1, on the revers	se, complete	the appropriate sched	dule "A" or "B".	
Use this sched of the application been acknowledge	lule "A" to set forth details of a for the currently held license a led by the Authority. (If more sp	arrests, sumr	monses and/or convicti		occurred since the sign og been reported have
Name of Defendant	Connection with Busine (Licensee, employee, patron of	956	ed, attach rider). Crime or Offense	Date	Disposition in Each case (submit copy)
				+	(Submit copy)
				++	
b. Use this schedu have not been report forms. If more space	ule, "B" to set forth details of a orted to the Authority or having t ace is needed, attach rider).	iny outstand been reporte	ing loans and/or such ' ed, have not been ackno	"changes" (other owledged by the A	than arrests, etc.) wh uthority. (See instruct
	e of Change	Date		Details	
	!				
, at 1	p'	1			
		<u>i</u>			
	NOTIFICATION RIE	DER TO RE	NEWAL APPLICATION)N	
	ON PREMISES LICENSE				
			COMMUNITY BOARD	ECTION	
fication is to be sent to the comm	Beverage Control Law, Section 64, Sulton on the premises, to promptly notify, in nority not less than thirty days prior to the summit beard with jurisdiction over the uested. You must keep the certified	ıbdivision 2a, uր in writing, the C the submission	upon receipt of a renewal app Clerk of the Village, Town or n of your application to the Au	plication for a license City wherein the pre- suthority. In the City cotification pursuant to	to sell alcoholic mises are located of your of New York, such of this Section is to be sent
reby certify that I have account	CERTIFICATIO	ON RIDER TO	APPLICATIONS		
all application to become licent New York City, the Clerk of Co	with the requirements of Section 64, s sed, by certified mail, return receipt community Board #	subdivision 2a t requested to Borough of	of the Alcoholic Beverage (the Clerk of the City, Town	Control Law, and have , Village (circle one) where the p	e sent notification of my of oremises are located.
e Name					
ess of Premises					
ature	Serial Numbe APPROPRIATE MUNICIPALITY OR C L MAY RESULT IN A DELAY IN PRO	yr		Date	

You must keep the certified mall receipt for your records!

Form #1016 SLA (Revised 03/04)

STATE OF NEW YORK - LIQUOR AUTHORITY (Directions for Completion enclosed) Renewal Application SPECIAL MAILING REQUEST: Complete if you want your license mailed to an address other than the License fee: 330.00 licensed premises address: Filing fee: 30:00 Total fee due: 360.00 05/01/2008 RECEIVED FEB 2 8 2008 New effective date: New expiration date: 04/30/2011 DYKER PARK HOT BAGELS INC 358807 **713 86TH STREET** BROOKLYN, NY 11228 NEW SERIAL#: 1006815 OLD SERIAL#: 081KINGA0043905122 713 86TH STREET BROOKLYN, NY 11228 (Premise address) Make sure all names and address information is correct, if not make the necessary changes on the reverse side. ALL QUESTIONS MUST BE ANSWERED. Any false answer or statement made by the applicant constitutes perjury and will subject any license hereunder to revocation If any changes in facts have occurred since the signing of the application for your currently held license which have not been reported to and acknowledged by the State Liquor Authority check "YES" and set forth details of changes in facts in the appropriate schedules A and/or B on the reverse side. If no changes YES NO in facts have occurred, check "NO". Ø 1. State whether said licensed business presently is regularly kept open and operated by the licensee. If no, submit statement with explanation. Not Applicable If your premises are closed, state whether your license certificate is deposited in safekeeping with the appropriate zone office of the NYS Liquor Authority. APPLICANT UNDERSTANDS THAT ANY CHANGE IN ANY OF THE FACTS REPORTED HEREIN WHICH OCCURS BETWEEN THE SIGNING OF THIS APPLICATION AND THE COMMENCEMENT OF THE NEW LICENSE PERIOD MUST BE REPORTED TO THE AUTHORITY IN WRITING BY CERTIFIED OR REGISTERED MAIL WITHIN 48 HOURS. ANY CHANGE OF FACTS OCCURRING AFTER THE COMMENCEMENT OF THE NEW LICENSE PERIOD MUST BE REPORTED WITHIN 10 DAYS. THE FAILURE TO COMPLY WITH THE FOREGOING IS A GROUND FOR THE REVOCATION, CANCELLATION OR SUSPENSION OF THE LICENSE. THIS CERTIFICATION MUST BE SIGNED and DATED by INDIVIDUAL APPLICANT and EACH MEMBER of A PARTNERSHIP INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION. The undersigned, each for himself, certifies that he is the applicant above named; that he knows the contents of the above application and the statements contained therein, that the same are true of his own knowledge, that he has complied and will continue to comply with all conditions upon which the original license was issued; that no physical changes have been made to the licensed premises since the issuance of the original license, except those authorized by the State Liquor Authority, and represents that all statements made in the original application for this license and in any and all applications for renewal thereof are true and correct, except as modified in subsequent renewal applications or as otherwise reported to and acknowledged or approved by the Authority. Wichilas Diln (Print name of licensee(s)) michil Pers (Signature of licensee(s)) THIS CERTIFICATION TO BE SIGNED AND DATED BY A CORPORATION OR A CLUB CORPORATE OFFICER OR CLUB ALCOHOLIC BEVERAGE CONTROL (ARC) OFFICER COMPLETE THIS SECTION certifies that he is (Print Title of Corporate Officer) of the above named applicant corporation; that he knows the contents of the above application and the statements and answers therein, that the same are true of his own knowledge; that he has been authorized by order of the Board of Directors of said applicant corporation to make the statements and answers in this application in behalf of said applicant corporation with the same force and effect as if said corporation made such statements and answers itself; that it has complied and will continue to comply with all conditions upon which the original license was issued; that no physical changes have been made to the licensed premises since the issuance of the original license, except those authorized by the State Liquor Authority; and represents that all statements made in the original application for this license and in any and

all applications for renewal thereof are true and correct, except as modified in subsequent renewal applications or as otherwise reported to and acknowledged or approved by the Authority.

(Home Address and Home Telephone) (Signature of authorized officer)

STATE OF NEW YORK - LIQUOR AUTHORITY (Renewal Application)

ADDRESS CHANGES OR CORRECTIONS: Note if physical address of premises was changed by Post Office, City, Town, Village, 911

Street address of premises to be .	licensed			Post office address of premises (if different)				
City, town or village - Zip Code Telephone Number					City, town or village - Zip Code (If different)			
Landlord Name					d Address			
Zanalora Namo	indiord Name			Landio				
a. If you answered yes	to Question 1, or	n the reverse,	, comple	te the a	propriate sched	ule "A" or "B".	,•	
	the currently he	ld license and	d have n	ot been	reported to the A	Authority or having	ccurred since the signir g been reported have n	
Name of Defendant					Crime or Offense	Date	Disposition in Each case (submit copy)	
							-	
	ed to the Authori	ty or having b					than arrests, etc.) whic uthority. (See instructio	
Nature o	f Change		Da	ate Details				
	NOTIFI	CATION RID	DER TO	RENEV	/AL APPLICATI	don	. SPACONIA	
	ON PREMIS	ESTICENSE	FS ON	I Y MUS	T COMPLETE THIS	SECTION		
•					MUNITY BOARD	OCOTION		
ou are required by the Alcoholic Be stail for consumption on the premis tate Liquor Authority NOT LESS The otification is to be sent to the commertified mail, return receipt reque	es, to promptly notify IAN THIRTY DAYS unity board with juris	v, in writing, the C PRIOR TO THE diction over the a	Clerk of the SUBMISS area in whi	Village, ION OF Y ich the pre	own or City, whereir OUR APPLICATION mise is located. No	the premises are loc TO THE AUTHORITY tification pursuant to	ated, of your application to the In the City of New York, such this Section is to be sent be	
		ACCEPTA	BLE PRO	OF CONS	ISTS OF:	•		
A copy of the letter sent to The original or a copy of							ceipt.	
		CERTIFICATI	ION RIDE	R TO APF	LICATIONS			
nereby certify that I have complied word to become ilcensed, by conversely on the Clerk of Com	ertified mail, return	receipt reques	ted to the	Clerk of th	e (CIRCLE ONE) CI	ty, Town, Village of	OR	
rade Name								
•								
ddress of Premises						-		
ignature		New Se	erial Numb	er 150	, 20°07	Date	·	

RENEWAL

Please complete all of the fields provided in the form. If the field does not apply to your renewal, please write NA in the field. If the Trade Name has changed since the last renewal filing you must also include a filing receipt or a certificate of assumed name with the renewal application. Other changes noted on the renewal application do not constitute proper notification to the Authority, nor does the approval of the renewal application constitute approval of any changes listed in the renewal, other than the Trade Name change.

1. Licensed Premises Information

Licensed (Premises N	s Name: Dyker Park Hot Bagels Inc.						Lice	nse Serial	#:	10068	15	
Trade Nar	ne (if appli	cable):							Effect	tive (Date:	5/01/2008	3
Federal Er	mployer Id	entificat	ion Number:						Expira	atior	Date:	4/30/201	I
Certificate	of Author	ity Num	ber:										
If you hold	l an on-pre	mises li	ense, please sel	ect the me	thod of operat	ion fron	n the foll	owing	g list:				
		○Ba	ar/Tavern	Caba	ret C)Cafe)Cate	ering Esta	blish	ment	O DE	Lì
		. ()cl	ub (i.e., Fraterna	l Org) (Hotel 🔘	Night C	lub 🔘)Pizze	eria 🔘	Rest	aurant		
license the or placed	nat were a l on your li	greed to cense b	or stipulation(so with the local I by the Authority.	Municipali	ty/ Community	y Board							
If your add	lress has b	een char	u Premises nged as a result o pality/Community					char	nge such a	is no	tification	n of the 91	1 address
_		•	713 86th Street	 									
City:	Brooklyn			State:	New York			Zi	p Code:	112	228		
County:	Kings			Email A	Address:		Ndileo71	3@ac	ol.com				
Premises	Telephone	# (inclu	de area code):	(718)	836-6336	Conta	act Phone	e # (ir	nclude are	a co	de):	(646) 5	33-1865
<u>Mailing</u>	Address	(if diff	ferent than pr	emises d	address)								
Mailing A	Address:						·						
City:				State:				Zi	p Code:				
Is your licensed premises closed? YES NO													
If yes, is yo	our license	in safek	eeping with the	New York	State Liquor Au	uthority	? YES	C) NO				
<u>Landlor</u>	<u>d Name</u>	and A	<u>ddress</u>										
Landlord	Name: N	icholas [Dileo						,				
Address:	1	5 Arbor	Court										
City:	Staten Isla	and		State:	New York			Z	ip Code:	103	301		

Partner Signature

RENEWAL

2. Arrest/Conviction Information

Has the applicant or (if partnership) any of the partners, or (if a corporation) any of the officers, directors, stockholders, or any agent or employee of the applicant, ever been ARRESTED and/or CONVICTED (including pleas of guilty or suspended sentences) of any felony or of any other crime or offense of any kind except minor traffic violations?

YES

NO

Previously Reported if YES, complete the chart below and where applicable, submit a Police Report, Certificate of Disposition, Certificate of Conviction or a Certificate of Relief from Disabilities from the Court Clerk for each case. If necessary, attach additional sheets.

Name of the Defendant	Connection with Licensed Premise (licensee, officer, employee)	Date of Offense	Nature of the arrest and/or conviction	Disposition
Michael Persico	Owner	3/08/10	DUI	Case Pending

3. Applicant Information and Certification

The signature below certifies that I know the contents of this application and the statements contained therein; that the same are true of my own knowledge; and that I am authorized to execute this application and sign this certification. I further certify that I have read the terms and conditions included with this application for the renewal and agree to comply with the conditions.

A. Individual Applicant (This section must be completed, signed and dated by the individual applicant.)

Print Name:	Date of Birth:	Social Security #:	
Residence street address:			
City:	State: Zip Coo	le:	
Telephone # (include area code):	Cell Phon	e # (include area code):	
Signature	Title	Date	
B. Partnership (This section	must be completed, signed and dated by	each partner.)	
Print Name:	Date of Birth:	Social Security #:	
Residence street address:			
City:	State: Zip Coo	de:	
Telephone # (include area code):	Cell Phon	e # (include area code):	

Date

Title

RENEWAL

B. Partnership (Continued -attach additional sheets if necessary)

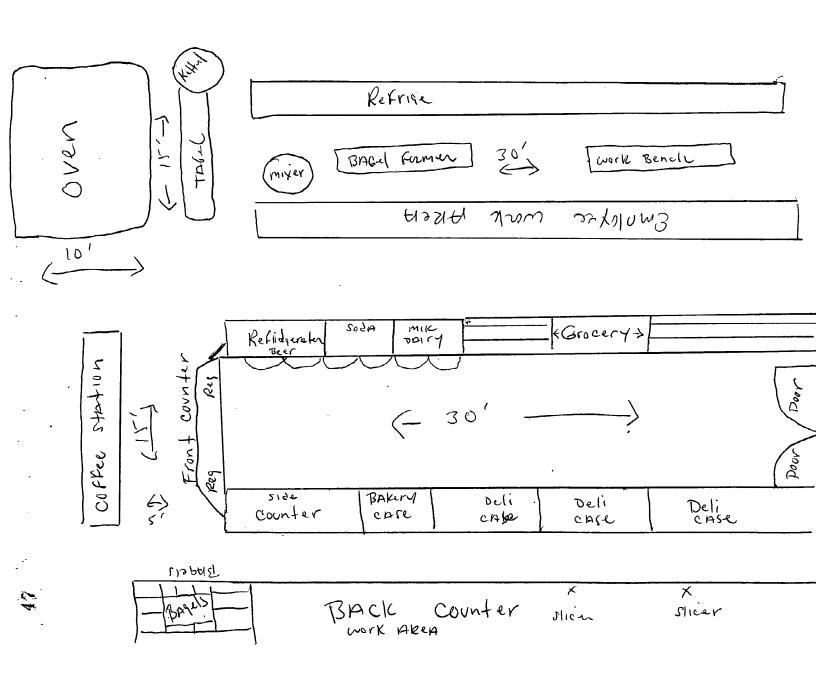
Print Name:		Date o	f Birth:		Social Security #	
Residence str	eet address:					
City:		State:	Z	ip Code:		
Telephone # ((include area code):		Cel	Phone # (inclu	de area code):	
Partner Signa	iture		Title		Dat	e
-	ntion, LLC or LLP (T cipal should be the prim		-	signed and da	ted by an authorize	ed officer.
Print Name:	Nicholas DiLeo	Date o	f Birth:			
Residence str	eet address:					
City:						
Title:	President	7			_	
Telephone #	(include area code):					
Authorized S	-		Title		Dat	e
	all other principals tional sheets as needed			nse in the sp	ace below.	
Print Name:	John DiLeo	Date o	of Birth:			
Residence str	reet address:					
City:						
Title:	Partner	J				
Telephone #	(include area code):				lange	
Print Name:	Michael Persico	Date	of Birth:		<u> </u>	
Residence st	reet address:				_	
City:						
Title:	Partner					
Telephone #	(include area code):					

RENEWAL

List of other principals continued (Attach additional pages as needed to include all principals)

Print Name:			Date of Birth:		Social Securit	y #:
Residence str	reet address:					
City:		Sta	ate:	Zip Code:		
Title:						
Telephone #	(include area	code):		Cell Phone # (incl	ude area code):	
Print Name:			Date of Birth:		Social Securit	y #:
Residence str	eet address:					
City:		Sta	ate:	Zip Code:		
Title:		V.				
Telephone #	(include area	code):		Cell Phone # (incl	ude area code):	
D. Club (T	his section mu	ust be completed. sia	ned and dated l	ov the Authorized (Club Alcoholic Be	verage Control (ABC) Officer.)
Print Name:			Date of Birth:		Social Securit	
Residence st	reet address:					
City:		St	ate:	Zip Code:		
Title:						_
Telephone #	(include area	code):		Cell Phone # (incl	ude area code):	
Authorized	l Signature		Titl	e		Date

If there have been any changes to the principals of the license, any physical changes to the establishment or changes to the approved method of operation you must file the appropriate change application that can be found on our website at: www.abc.state.ny.us. You must receive approval from the Authority before making any such changes.



ALL SECTIONS MUST BE COMPLETED IN ORDER TO APPROVE YOUR RENEWAL

1. Licensed Premises Information Is your licensed premises closed? If yes, is your license in safekeeping with the Authority? O YES NO If yes, do you wish for your license to remain in Safekeeping at Renewal? \bigcirc YES If yes to any of the above, submit a statement giving the reason that the license is in Safekeeping and the date that is planned for the premises to re-open. Please be aware that licenses cannot remain in Safekeeping for an indefinite period of time. Licensed Premises Name: Dyker Park Hot Bagell Fre. License Serial #: Trade Name (if applicable): Dylan Park Het Dagal, Federal Employer Identification Number : 1a. Method of Operation: The following questions must be answered by all On-Premises license holders, including beer, beer & wine, or beer, wine & liquor Section 109 of the ABC Law requires a statement to be submitted indicating the type of establishment operated at the premises. If you hold an on-premises license, please select the method of operation from the following list: Restaurant Catering Establishment Club (i.e., Fraternal Org) Hotel Bed & Breakfast ○ Ball Park/Stadium/Arena ()Bar/Tavern ○Sports Bar Vight Club/Dance Club ○ Cabaret ○ Adult Entertainment Country Club/ Golf Course If dancing is permitted at the premises, who is be permitted to dance? O Patrons O Employees for entertainment O Both If dancing is permitted, is there exotic dancing including, but not limited to, pole dancing and/or lap dancing? () YES \bigcirc NO Is there topless entertainment at the premises? Please list any condition(s) or stipulation(s) associated with your current license that were agreed to with the local Municipality/ Community Board or placed on your license by the Authority. Attach additional sheets if necessary. 1b. Address of the Licensed Premises If your address has been changed as a result of a 911 change, please provide proof of the change such as notification of the 911 address change from the local Municipality/Community Board. Licensed Premises Address: City: State: Zip Code: County: Email Address: Premises Telephone # (include area code): Contact Phone # (include area code): Mailing Address (if different than premises address) Mailing Address: City: State: Zip Code:

ord Name: Nicl	iolas Dilec			
Iress:	Arma court			
Statu I	State:	new o	luk Zip Cod	e: [[0]0]
Arrost/Convict	ion Information			
the applicant or (if part)	ership) any of the partners	, or (if a corp	oration) any of the offic	ers, directors, stockho
ended sentences) of an	plicant, been ARRESTED an felony or of any other crim	a/or CONVIC	. I ED during this renewa	l period (including ple
,,,,,,,, .	recomposition any other trim	ie or offense	of any kind except mine	or traffic violations?
,	YES NO		of any kind except mind usly Reported	or traffic violations?
S, complete the chart be	YES NO	○ Previo	usly Reported	to of Commission
S, complete the chart be of from Disabilities from	○ YES ○ NO	Previo t, Certificate e. If the cha	usly Reported	to of Commission
S, complete the chart be if from Disabilities from court appearance. If ne	YES NO Now. Submit a Police Reporthe Court Clerk for each case	Previo t, Certificate e. If the cha heets.	usly Reported of Disposition, Certifica rge(s) are not complete	to of Commission
5, complete the chart be f from Disabilities from court appearance. If ne	YES NO low. Submit a Police Repor the Court Clerk for each cas cessary, attach additional s	Previo t, Certificate e. If the cha	usly Reported	to of Commission
S, complete the chart be of from Disabilities from	YES NO Now. Submit a Police Report the Court Clerk for each cast cessary, attach additional states of the Connection with Licensed Premise	Previo t, Certificate e. If the cha heets. Date of	usly Reported of Disposition, Certifica rge(s) are not complete Nature of the arrest	ite of Conviction or a C submit documentation
S, complete the chart be if from Disabilities from court appearance. If ne	YES NO Now. Submit a Police Report the Court Clerk for each cast cessary, attach additional states of the Connection with Licensed Premise	Previo t, Certificate e. If the cha heets. Date of	usly Reported of Disposition, Certifica rge(s) are not complete Nature of the arrest	ite of Conviction or a C submit documentation
S, complete the chart be if from Disabilities from court appearance. If ne	YES NO Now. Submit a Police Report the Court Clerk for each cast cessary, attach additional states of the Connection with Licensed Premise	Previo t, Certificate e. If the cha heets. Date of	usly Reported of Disposition, Certifica rge(s) are not complete Nature of the arrest	ite of Conviction or a C submit documentation

3. Applicant Information and Certification

The signature below certifies that I know the contents of this application and the statements contained therein; that the same are true of my own knowledge; and that I am authorized to execute this application and sign this certification. I further certify that I have read the terms and conditions included with this application for the renewal and agree to comply with the conditions.

A. Sole Proprietor (This section must be completed, signed and dated by the sole proprietor.)

Print Name:	Date of Birth:	Social Security #:
Residence street address:		
City:	State: Zip Code	:
Telephone # (include area code):	Cell Phor	ne # (include area code):
Signature	Title	Date
Signature	Title	Date

B. Partnership (This section must be completed, signed and dated by each partner.) Attach additional sheets if necessary

Print Name:	Wicholas	Dilic	Date of Birth:			
Residence stre	eet address:					
City:						
Telephone # (ii	nclude area code):				- 00 1	,, , , , , , , , , , , , , , , , , , , ,
Partner Sign	ature Z		Title	PULS	Date	4/11/19
Print Name:	July Di	lu	Date of Birth:			
Residence stree	et address:				40	
City:						
Telephone # (in	clude area code):			Cell Phone # (include area code):		
Partner Signatu	re All		Title	lica trei	Date 4/11	1.9

C. Corporation, LLC or LLP (This section must be completed, signed and dated by an authorized officer. This principal should be the primary point of contact.)

Print Name:	nicholas Dile.	Date of Birth:	
Residence stre	eet address:		
City:			
Title:	PILI		
Telephone # ((include area code):		
Authorized Sig	gnature Z. Z.	Title Paul	Date H/11/14

C. - Continued - All remaining Principals on the license must be listed below. (Attach additional sheets as needed to include all principals) Print Name: Date of Birth: Julia Dilie Social Security #: Residence street address: City: Title: Telephone # (include area code): Print Name: michael Places. Date of Birth: Residence street address: City: State: Zip Code: will Remove by exprark change Title: Telephone # (include area code): Cell Phone # (include area code): Print Name: Date of Birth: Social Security #: Residence street address: City: State: Zip Code: Title: Telephone # (include area code): Cell Phone # (include area code): Print Name: Date of Birth: Social Security #: Residence street address: City: State: Zip Code: Title: Telephone # (include area code): Cell Phone # (include area code):

D. Club (This section must be completed, signed and dated by the Club Alcoholic Beverage Control (ABC) Officer who has been approved by the State Liquor Authority.)

Print Name:	Date of Birth:	Social Security #:	
Residence street address:			
City:	State: Zip	Code:	
Title:			
Telephone # (include area code):	Cell Ph	one # (include area code):	
Authorized Signature	Title	Date	

State of New York Liquor Authority

APPLICATION FOR APPROVAL OF CORPORATE CHANGE

This form is to be used by a corporate licensee to apply for permission to make a corporate change involving (1) change of officers or directors, LLC Members, etc., or (2) where there are fewer than 10 stockholders, any change in stock-holdings, or (3) where there are 10 or more stockholders, any change involving 10% or more of the stock or any change in stock-holdings which would increase the holdings of any one stockholder to 10% or more of the stock.

Such change cannot become effective under the Alcoholic Beverage Control Law until permission has been granted by the State Liquor Authority.

Therefore, it is recommended that any change be made conditional upon approval by the State Liquor Authority.

Section A	26							
Serial Number 1006815 County Kings Telephone # 718	8-836-6336							
Full Name of Licensee as listed on the License Dyker Park Hot Bagels Inc								
Trade Name (DBA) as listed on the License Certificate								
Complete Address of Licensed Premises including Zip 713 86th Street, Brooklyn, New York 11228								
Post Office/Mailing Address, if different than premises								
FEIN#	* *							
Name of Contact Mary P Flynn • Attorney • Representa	ative Contact							
Office Address 198 Beach 102nd Street, 2nd Floor								
City Rockaway Park State New York Zip Coo	de 11694							
Telephone Number of Office (Include Area Code) 718-945-1000								
E-mail Address (if available) marypflynn@hotmail.com								
Submit a completed Notice of Appearance	RECEIVED NY State Liquor Authority							
Section B Change Requested: Check all that apply	APR 2 2 2014							
☐ New stockholding(s)/stockholder(s). ☐ The removal of officer(s)/directed	Albany, Ny Licensing ayreau or(s)/member(s)/eau							
Appointment of new officer(s)/director(s)/member(s). Death of officer(s)/director(s)/member(s).	nember(s)/stockholder(s).							
How was the interest acquired in the Corporation/LLC? Contract of Sale	(+							
2. Are there any other licenses held in New York under this corporation/LLC? If yes, list all serial numbers.								

Section C

Identification of Individuals

Part 1. List below the names of all LLC members/managers, officers, directors and individual stockholders, that are <u>currently licensed</u> to hold an interest in the subject license, <u>attach additional sheets if necessary</u>. <u>(Current Approved Corporate Set-Up)</u>

Name	Current Title(s)	Current % of Interest	Current Number of Shar
Nicholas DiLeo	Treasurer	20 shares	
ohn DiLeo	Secretary		20 shares
Nichael Persico	President		20 shares
art 2. List below the names of a ave an interest in the subject lice? Proposed Corporate Set-Up)	all LLC members/managers, officers, eense upon approval of this corporate	directors and individual change, attach additiona	stockholders, who will I sheets if necessary:
art 2. List below the names of a ave an interest in the subject lice Proposed Corporate Set-Up) Name	all LLC members/managers, officers, tense upon approval of this corporate Proposed Title(s)	directors and individual change, attach additiona Proposed % of Interest	stockholders, who will I sheets if necessary: Proposed # of Shares if New 30 shares
art 2. List below the names of a ave an interest in the subject lic Proposed Corporate Set-Up) Name Nicholas DiLeo	President	directors and individual change, attach additiona Proposed % of Interest	stockholders, who will I sheets if necessary: I sheets if necessary: I chief Proposed # of Shares if New 30 shares
art 2. List below the names of a ave an interest in the subject lice Proposed Corporate Set-Up) Name licholas DiLeo ohn DiLeo	Proposed Title(s) President Secretary	directors and individual change, attach additiona Proposed % of Interest	stockholders, who will I sheets if necessary: Proposed # of Shares if New 30 shares
licholas DiLeo	President	directors and individual change, attach additiona Proposed % of Interest	30 shares
icholas DiLeo	President	directors and individual change, attach additiona Proposed % of Interest	30 shares
licholas DiLeo	President	directors and individual change, attach additiona Proposed % of Interest	30 shares

All parties listed in Part 2 and are NEW to the corporation/LLC must complete a Personal Questionnaire as well as submit an original color photo, photo ID and proof of citizenship for themselves. The forms are available for download on our web site at: www.sla.ny.gov

ALL APPLICANT PRINCIPALS WILL BE REQUIRED TO BE FINGERPRINTED ELECTRONICALLY

NOTE: Persons CURRENTLY licensed by the State Liquor Authority do not have to be fingerprinted.

Each applicant principal that is required to be fingerprinted will be instructed to do so on the application Filing Receipt once the application is received by the Authority.

Each applicant principal required to be fingerprinted must follow the fingerprinting instructions which are available on the Filing Receipt or on our website, www.sla.ny.gov.

Each new principal is bound by the Method of Operation previously approved by the NYS Liquor Authority.

Note: For any of the above, if financing is involved, please supply copies of contracts, agreements or any other legal document and financial statements showing the availability of the funds.

· Print Form

Revised 05/01/13, Application Page 2

Section D

The licensee represents that there have been no changes other than those set forth herein, in any of the facts required to be set forth in the application for license, and agrees that any application filed by it or by any of its officers, directors or stockholders, for any license or permit under the Alcoholic Beverage Control Law, and the occupation record submitted herewith, shall be deemed and made a part hereof and considered by the Authority in acting upon this Application for Approval of Corporate Change.

I/We, the Applicant(s) also certify that all papers filed in support of this application or any application filed under the Alcoholic Beverage Control Law by any person having an interest, direct or indirect, either in the business to be licensed or any license or permit shall be deemed a part hereof and considered by the State Liquor Authority in acting upon this application.

I/We understand that the information I/we submit will be relied on by the State Liquor Authority in acting on this application. I/ we understand that any false statements or misrepresentations shall constitute sufficient cause for the disapproval of the applications and/or revocation, cancellation or non-renewal of any license which is issued or affected as a result of such application.

I/We verify that all of the above statements are true. If any of the above information changes prior to receipt of the license or approval of the corporate change, I/we will notify the Authority by registered or certified mail within 48 hours. If any changes occur after the issuance of the license or approval applied for, I/we understand that failure to give the required notice may constitute a violation of Section 110 of the Alcoholic Beverage Control Law and/or Rule 36.1(j) of the State Liquor Authority and will result in proceedings to revoke, cancel or suspend such license.

I/We, the Applicant(s) certify that there are no financial transactions involved concerning the license applied for EXCEPT as described herein.

Michael Persico (Print Name)	certifies that he is President (Title)
some are true of his own knowledge that he has been a	ts of the above application and the statements and answers therein; that the uthorized by order of the Board of Directors of said licensee to make the see with the same force and effort as if said licensee made such statements
3/25/14 Dated	(Signature of Currently Authorized Officer)
Nicholas Diceo (Print Name)	certifies that he is to be President (Title)
of the above named licensee; that he knows the contensame are true of his own knowledge.	ts of the above application and the statements and answers therein; that the
Dated	(Signature of Proposed Authorized Officer)
OFFICE USE ONLY:	

License Board Member

Dated

Approved or Disapproved

State of New York Liquor Authority

Use this Form for changes in the corporate set up caused by:

- Appointment of new officer(s)/director(s)/member(s).
- New stock-holdings or stockholder(s).
- The removal of officer(s)/director(s)/member(s)/stockholder(s).
- 4. Death of officer(s)/director(s)/member(s)/stockholder(s).

DO NOT USE THIS FORM:

- 1. As an application to change the type of license you currently hold. (Class Change Application)
- 2. As an application to remove your licensed business to a new location. (Removal Application)
- 3. As an application to appoint a new ABC Officer. (ABC Officer Application)
- RECEIVED

 APR 25 2044

 LICENSING BY As an application to change from a Partnership to a Corporation/LLC or from a Corporation/LLC to a Partnership (New Application)
- 5. As an application to reflect the death of a Licensee (individual or partner). (Endorsement Application)
- 6. As an application to reflect court appointments of representative. (Endorsement Application)
- 7. As an application to reflect the dissolution of Partnership or Addition of Partner. (Endorsement Application)
- 8. As an application to reflect name changes due to Marriage or Divorce. (Endorsement Application)
- 9. As an application to change from a Sole Proprietorship to a Corporation/LLC. (Endorsement Application)

The application for Approval of Corporate Change must be completed and accompanied by the appropriate documentation as listed in the instructions portion below as well as a check or money order in the amount of \$128, payable to the New York State Liquor Authority. (The Law does not provide for any refund of corporate change fees.)

Mail application to: New York State Liquor Authority, Church Street Station, PO Box 3817, New York, NY 10008-3817.

INSTRUCTIONS:

- 1) Submit a certified check, bank check, money order, or personal check payable to the New York State Liquor Authority for the amount of \$128.
- 2) Complete ALL sections of the application.
- 3) In Section B, indicate the change requested.
- 4) In Section C, list all officers, directors, LLC Members, LLC Managers, stockholders, etc. as indicated in such section.
- 5) In Section D, read the contents thoroughly; both the currently authorized principal and the proposed authorized principal must sign and date this section.

ALL Corporate Change applications must be accompanied by the following documentation:

- 1) Agreement of Purchase & Sale if change in stock-holdings and/or Corporate Minutes showing the appointment/change of any officer and/or director, and/or stockholder and/or LLC Member/Manager.
- 2) If there was a Death of an officer/director/member/stockholder, submit a copy of the Death Certificate as well as any Letters of Testamentary/Administration and Last Will & Testament, if available.
- 3) A Personal Questionnaire must be submitted for each new person who is to be an officer and/or director, and/or stockholder and/or LLC Member/Manager as well as proof of citizenship, photo ID and a recent original color photo as well as fingerprint submission. (See the bottom of Application Page 2; Forms are available for download on our website: www.sla.ny.gov).
- 4) Completed Applicant's Statement for each new principal.
- 5) Statement of Finances (Form 180-021B) if change in stock-holdings. List assets pertaining to new investment and new investors.
- 6) Proof of Finances as stated in Form 180-021B.
- 7) Pursuant to Section 110-b, if the applicant is located within the City of New York and licensed pursuant to Section 55, 55a, 64, 64a, 64c, 64d, 81 or 81a (on-premise licensees), an applicant shall notify the community board in which the premises is located of such applicant's intent to file an application for approval of a substantial corporate change.*

^{*&#}x27;Substantial corporate change' means a change in eighty percent (80%) or more of the officers and/or directors, LLC Managers/Members, stockholders, or an existing stockholder or member obtaining a cumulative of eighty percent (80%) or more of the stock of a corporation or ownership interest in said company. Such notification shall be on a standardized form from the Liquor Authority and be made by: certified mail, return receipt requested; overnight delivery service with proof of mailing; or personal service upon the offices of the community board not less than thirty days before filing any such application.



ALL SECTIONS MUST BE COMPLETED IN ORDER TO APPROVE YOUR RENEWAL

1. Licensed Premises Information Is your licensed premises closed? O YES NO If yes, is your license in safekeeping with the Authority? \(\text{YES} \) NO If yes, do you wish for your license to remain in Safekeeping at Renewal? YES If yes to any of the above, submit a statement giving the reason that the license is in Safekeeping and the date that is planned for the premises to re-open. Please be aware that licenses cannot remain in Safekeeping for an indefinite period of time. License Serial #: Park Hot Bagel Fre. Licensed Premises Name: Dylan Park Hot Dagus Trade Name (if applicable): Federal Employer Identification Number: 1a. Method of Operation: The following questions must be answered by all On-Premises license holders, including beer, beer & wine, or beer, wine & liquor Section 109 of the ABC Law requires a statement to be submitted indicating the type of establishment operated at the premises. If you hold an on-premises license, please select the method of operation from the following list: Club (i.e., Eraternal Org) Hotel Bed & Breakfast Ball Park/Stadium/Arena Catering Establishment Restaurant Night Club/Dance Club Country Club/ Golf Course Adult Entertainment Sports Bar ○ Bar/Tavern If dancing is permitted at the premises, who is be permitted to dance? If dancing is permitted, is there exotic dancing including, but not limited to, pole dancing and/or lap dancing? O YES ONO Is there topless entertainment at the premises? O YES ONO Please list any condition(s) or stipulation(s) associated with your current license that were agreed to with the local Municipality/ Community Board or placed on your license by the Authority. Attach additional sheets if necessary. 1b. Address of the Licensed Premises If your address has been changed as a result of a 911 change, please provide proof of the change such as notification of the 911 address change from the local Municipality/Community Board. **Licensed Premises Address:** Zip Code: City: State: **Email Address:** County: Contact Phone # (include area code): Premises Telephone # (include area code): Mailing Address (if different than premises address) Mailing Address: Zip Code: State: City:

<u>Landlord/Bui</u>	lding O	wner Name and Addre	ess - also re	equired if buildir	ng is owned by t	he licensee
lord Name:	Ulcha	las Bilec	ä			
ess:	15	Alha court			(4)	
State	~ Isl	State:	nen 4	uh Zip	Code: (0)	1
he applicant or t or employee o	(if partne f the app	on Information ership) any of the partners licant, been ARRESTED an felony or of any other crim	d/or CONVIC ne or offense	TED during this ren of any kind except	ewal period (includ	ling pleas of guil
		○ YES ○ NO	•	usly Reported		
f from Disabiliti	es from t ce. If nec	ow. Submit a Police Report he Court Clerk for each case essary, attach additional s Connection with Licensed Premise	se. If the cha sheets. Date of	rge(s) are not comp	lete submit docum	entation showin
Name of the De	renuant	(licensee, officer)	Offense	and/or conviction	7	
e.		70.0				
1						•
						1770
signature below e are true of my eer certify that I the conditions.	certifies own know have read	mation and Cert that I know the contents of wledge; and that I am auth d the terms and conditions (This section must be con	of this application of the second of the sec	ation and the staten ecute this application th this application f	on and sign this cer for the renewal and	tification. I agree to comply
Print Name:	(<u> </u>	D	ate of Birth:		Social Security #	:
Residence stre	et addres:	s:	4			
City:		State:		Zip Code:		
Telephone # (i	nclude are	ea code):		Cell Phone # (inclu	de area code):	2004 2004 - 1002 - 1002 - 1002 - 1002 - 1002 - 1002 - 1002 - 1002 - 1002 - 1002 - 1002 - 1002 - 1002 - 1002 - 1002
						G.
			Title		D	ate

B. Partnership (This section must be completed, signed and dated by each partner.) Attach additional sheets if necessary

Print Name:	Wicholas	Dileo	Date of Birth:				
Residence stre	eet address:						
City:							e.
Telephone # (include area code):				30. ##22###		
		3.92000		*			. v . ž
Partner Sign	nature Z	سار	Title	Pres		Date	4/11/19
Print Name:	John &	ileo	Date of Birth:			VII.	
Residence stre	eet address:			- I - V			
City:							
Telephone # (include area code):			Cell Phone # (inclu	de area code):		
Partner Signa	ture All	1	Title	vica rue	·1	Date 4/L	cl4
-				7		ı	

C. Corporation, LLC or LLP (This section must be completed, signed and dated by an authorized officer. This principal should be the primary point of contact.)

L	Wicholas	Dile.	Date of Birth:			to the state of th
Residence stree	et address:					
City:			_			
Title:	Pres					
Telephone # (in	nclude area code	<u>:</u>):				
Authorized Sig	gnature Z	- m	Title	Pres	, Date	4/11/14

C. - Continued - All remaining Principals on the license must be listed below. (Attach additional sheets as needed to include all principals) Diles Social Security #: Print Name: John Date of Birth: Residence street address: City: Title: Telephone # (include area code): Date of Birth: Print Name: Residence street address: Zip Code: City: State: Title: Cell Phone # (include area code): Telephone # (include area code): Social Security #: Date of Birth: Print Name: Residence street address: State: Zip Code: City: Title: Cell Phone # (include area code): Telephone # (include area code): Social Security # Date of Birth: Print Name: Residence street address: Zip Code: State: City: Title: Cell Phone # (include area code): Telephone # (include area code):

D. Club (This section must be completed, signed and dated by the Club Alcoholic Beverage Control (ABC) Officer who has been approved by the State Liquor Authority.)

Print Name:	Date of Birth:	Social Security #:	
Residence street address:		450000	
City:	State: Zip Code:		²¹ •#/
Title:			25
Telephone # (include area code):	Cell Phone # (in	clude area code):	# 100 PM

RETAIL-RENEWAL ALL SECTIONS MUST BE COMPLETED IN ORDER TO APPROVE YOUR RENEWAL

ALL SECTIONS MOST BE COMPLETED IN ORDER TO APPROVE TOOK RENEWAL
1. Licensed Premises Information
Is your licensed premises closed? O YES NO
If yes, is your license in safekeeping with the Authority? YES NO
If yes, do you wish for your license to remain in Safekeeping at Renewal? O YES NO
If yes to any of the above, submit a statement giving the reason that the license is in Safekeeping and the date that is planned for the premises to re-open. Please be aware that licenses cannot remain in Safekeeping for an indefinite period of time.
Licensed Premises Name: Dyker Park Ital Ragula For License Serial #: 1006815
Trade Name (if applicable):
Federal Employer Identification Number :
1a. Method of Operation: The following questions must be answered by all On-Premises license holders, including beer, beer & wine, or beer, wine & liquor
Section 109 of the ABC Law requires a statement to be submitted indicating the type of establishment operated at the premises.
If you hold an on-premises license, please select the method of operation from the following list:
Restaurant Catering Establishment Club (i.e., Fraternal Org) Ball Park/Stadium/Arena Cabaret Bed.&Breakfast
OBar/Tavern OAdult Entertainment ONight Club/Dance Club OCountry Club/ Golf Course OHotel OSports Bar
If dancing is permitted at the premises, who is be permitted to dance? Patrons Employees Both Not Applicable
If dancing is permitted, is there exotic dancing (i.e.pole dancing, lap dancing, etc.) ? YES NO Yot Applicable
Is there topless entertainment at the premises? YES XNO
Please list any condition(s) or stipulation(s) associated with your current license that were agreed to with the local Municipality/ Community Board or placed on your license by the Authority. Attach additional sheets if necessary.
1b. Address of the Licensed Premises
Licensed Premises Address: 713 86 57 *Required
City: Drovlyn b State: New york Zip Code: 11228
County: KINSI Email Address: NDiLeo 713@ AUL. CAN
Premises Telephone # (include area code): 718 836-6336 Contact Phone # (include area code): 646 533-1865
If the address your premise is know by has changed as a result of a 911 update, provide a copy of the 911 address notification form, a letter from the local municipality, or other proof of the address update.
Mailing Address (if different than premises address)

Mailing /	Address:			
City:		State:	Zip Code:	

Page 2 of 6

1c. Landlord/Building Owner Name and Address - also required if building is owned by the licensee

Landlord Nar	ne:	r 7 wich	class D	ila	713	8655	درد	¥	
Address:	713	P6 (+					1000 - 380		
City:	Brooklyn		State:	New	YUL	Z	Zip Code:	11225	20.00

2. Arrest/Conviction Information

Has the applicant or (if partnership) any of the partners, or (if a corporation) any of the officers, directors, stockholders, or any agent or employee of the applicant, been ARRESTED and/or CONVICTED during this renewal period (including pleas of guilty or suspended sentences) of any felony or of any other crime or offense of any kind except minor traffic violations?

○ YES NO ○ Previously Reported

If YES, complete the chart below. Submit a Police Report, Certificate of Disposition, Certificate of Conviction or a Certificate of Relief from Disabilities from the Court Clerk for each case. If the charge(s) are not complete submit documentation showing your next court appearance. If necessary, attach additional sheets.

Name of the Defendant	Connection with Licensed Premise (licensee, officer)	Date of Offense	Nature of the arrest and/or conviction	Disposition
1 10				

3. Applicant Information and Certification

The signature below certifies that I know the contents of this application and the statements contained therein; that the same are true of my own knowledge; and that I am authorized to execute this application and sign this certification. I further certify that I have read the terms and conditions included with this application for the renewal and agree to comply with the conditions.

A. Sole Proprietor (This section must be completed, signed and dated by the sole proprietor.)

rint Name:	Social Security #
esidence street address:	`¬
ity: State:	Zip Code: Z
elephone # (include area code):	Cell Phone # (include area code):
55	Title Datey

71

B. Partnership (This section must be completed, signed and dated by each partner.) Attach additional sheets if necessary

Print Name:	Date of Birth	Social Security #:
Residence street address:	1 =1==3	
City:	State: Zip Code: (
Telephone # (include area code):	Cell Phone # (include	e area code):
Partner Signature	Title	Date
Print Name:	Date of Birth:	Social Security #:
Residence street address:		
City:	State: Zip Code:	
Telephone # (include area code):	Cell Phone # (include	e area code):
34 1000 100 100 100 100 100 100 100 100 1		
Partner Signature	Title	Date

C. Corporation, LLC or LLP (This section must be completed, signed and dated by an authorized officer. This principal should be the primary point of contact.)

Print Name:	Modulm Dile	Date of Birth:		
Residence str	eet address:			
City:				č
Title:	owner /pm			
Telephone #	(include area code)			
li	2		om	4/12/17
Authorized S	ignature	Title /		Date///

B. Partnership (This section must be completed, signed and dated by each partner.) Attach additional sheets if necessary

Print Name:	Date of Birt	h:	Social Security #:	
Residence street address:				
City:	State:	Zip Code:		· · · · · · · · · · · · · · · · · · ·
Telephone # (include area code):		Cell Phone # (inc	lude area code):	
Partner Signature	T	itle	Da	ite
Print Name:	Date of Birt	h:	Social Security #:	2000 20
Residence street address;				
City:	State:	ZIp Code:		
Telephone # (include area code):		Cell Phone # (inc	lude area code):	
t.				
Partner Signature	Title	e	Date	

C. Corporation, LLC or LLP (This section must be completed, signed and dated by an authorized officer. This principal should be the primary point of contact.)

Print Name:	Wicholas	Dilec	Date of Birth:				
Residence str	reet address;						
City:							
Title:	Prisident]	28/09/04/04/01	3		
Telephone #	(include area code):					PERMITS OF THE STATE OF THE STA	
2	24		2564925	Paridat		5/12/17	
Authorized S	ignature		Title			Date	

100 68 15. 7482 - 28.

renapp.rev-063015

RETAIL-RENEWAL 71

C Continu (Attach	ned - All remaining Principals on the license must be listed below. additional sheets as needed to include all principals)
Print Name:	John Dileu Date of Birth:
Residence stre	eet address:
City:	
Title:	Secutiny
Telephone # (I	include area code):
Print Name:	Date of Birth: Social Security #:
Residence stre	eet address:
City:	State: ZIp Code:
Title:	
Telephone # (i	include area code): Cell Phone # (include area code):
Print Name:	Date of Birth: Social Security #:
Residence stre	eet address:
Clty:	State: ZIp Code:
Title:	
T-1- 1 " "	(Include area code): Cell Phone # (include area code):
Telephone # (Contribute in (include area code).
Print Name:	Date of Birth: Social Security #:
	Date of Birth: Social Security #:
Print Name:	Date of Birth: Social Security #:
Print Name:	Date of Birth: Social Security #:

City:

RETAIL-RENEWAL

ALL SECTIONS MUST BE COMPLETED IN ORDER TO APPROVE YOUR RENEWAL

1	Liconcod	Dromicoc	Information	
١.	Licensea	Premises	intormation	

Is your licensed premises closed? O YES NO
If yes, is your license in safekeeping with the Authority? YES NO
If yes, do you wish for your license to remain in Safekeeping at Renewal? O YES NO
If yes to any of the above, submit a statement giving the reason that the license is in Safekeeping and the date that is planned for the premises to re-open. <i>Please be aware that licenses cannot remain in Safekeeping for an indefinite period of time</i> .
Licensed Premises Name: Dyker Park Hat Baylish License Serial #: 1006815
Trade Name (if applicable):
Federal Employer Identification Number :
<u>1a. Method of Operation:</u> The following questions must be answered by all On-Premises license holders, including beer, beer & wine, or beer, wine & liquor
Section 109 of the ABC Law requires a statement to be submitted indicating the type of establishment operated at the premises.
If you hold an on-premises license, please select the method of operation from the following list:
Restaurant Catering Establishment Club (i.e., Fraternal Org) Ball Park/Stadium/Arena Cabaret Bed.& Breakfast
OBar/Tavern OAdult Entertainment ONight Club/Dance Club OCountry Club/ Golf Course OHotel OSports Bar
If dancing is permitted at the premises, who is be permitted to dance? Patrons Employees Both Not Applicable
If dancing is permitted, is there exotic dancing (i.e.pole dancing, lap dancing, etc.) ? YES NO (Yot Applicable
Is there topless entertainment at the premises? YES XNO
Please list any condition(s) or stipulation(s) associated with your current license that were agreed to with the local Municipality/ Community Board or placed on your license by the Authority. Attach additional sheets if necessary.
1b. Address of the Licensed Premises
Licensed Premises Address: 7/3 86 57 *Required
City: Drowlyn 1 State: Newyork Zip Code: 11228
County: KINS Email Address: NDILEO713@ AUL.CAN *Required
Premises Telephone # (include area code): 715 836-6336 Contact Phone # (include area code): 646 53-1865
If the address your premise is know by has changed as a result of a 911 update, provide a copy of the 911 address notification form, a letter from the local municipality, or other proof of the address update.
Mailing Address (if different than premises address)
Mailing Address:

Page 2 of 6

Zip Code:

State:

1c. Landlord/Building O	wner Name and Addre	ess - also re	equired if building	is owned by the lic	<u>ensee</u>
Landlord Name:	Wichelm Dile	d .	713 86st CC	<u>C.</u>	
Address:	P6 ()				
City: Rivellyn	State: [us yu	Zip Coo	de: [122£	
2. Arrest/Conviction Has the applicant or (if partneus agent or employee of the applicant or employee of the application of any formal series and the chart belowed the from Disabilities from the control of the chart belowed the	rship) any of the partners licant, been ARRESTED an felony or of any other crim YES NO ow. Submit a Police Repor	d/or CONVIC ne or offense Previou	TED during this renewa of any kind except minus usly Reported of Disposition, Certific	al period (including pla for traffic violations? tate of Conviction or a	eas of guilty or Certificate of
next court appearance. If nec					
Name of the Defendant	Connection with Licensed Premise (licensee, officer)	Date of Offense	Nature of the arrest and/or conviction	Disposition	1
3. Applicant Information of the signature below certifies same are true of my own known further certify that I have reach with the conditions.	that I know the contents o vledge; and that I am auth	of this applica norized to exs	ition and the statemen	nd sign this certification	on. I
A. Sole Proprietor (This section must be co	ompleted, s	igned and dated by	the sole proprietor	.)
Print Name:		ate of Birth	.7 1	Social Security #	0
Residence street address	:	١			
City:	State:	·	Zip Code:		
Telephone # (include are	a code):	n A	Cell Phone # (include a	irea code):	

Title

B. Partnership (This section must be completed, signed and dated by each partner.) Attach additional sheets if necessary

Print Name:	Date of Birth	Social Security #:	
Residence street address:			
City:	State:	Zip Code: ρ_	_
Telephone # (include area code):	Cel	ell Phone # (include area code):	
	-		
Partner Signature	Title	Daté /	
Print Name:	Date of Birth:	Social Security #:]
Residence street address:			
City:	State: Z	Zip Code:	
Telephone # (include area code):	Cel	ell Phone # (include area code):	
Partner Signature	Title	Date	

C. Corporation, LLC or LLP (This section must be completed, signed and dated by an authorized officer. This principal should be the primary point of contact.)

Print Name:	Michelm Dile	Date of Birth:	
Residence str	eet address:		
City:			
Title:	ouns /pm		
Telephone #	(include area code):		
Authorized Si	gnature	Itle for	n 9//12/17 Date/

C. - Continued - All remaining Principals on the license must be listed below. (Attach additional sheets as needed to include all principals)

Print Name:	dantional sheet	т т т т т т т т т т т т т т т т т т т	Date of Birth:	principulsy	Social Secur	ity#:
Residence stre	et address:					
City:		State	е:	Zip Code:		
Title:						
Telephone # (i	nclude area code):			Cell Phone # (include area code):	
Print Name:			Date of Birth:		Social Secur	ity #:
Residence stre	et address:					
City:		Stat	е:	Zip Code:		
Title:						
Telephone # (i	nclude area code):			Cell Phone # (i	nclude area code):	
Print Name:			Date of Birth:		Social Secur	ity #:
Residence street address:						
City:		Stat	e:	Zip Code:		
Title:						
Telephone # (include area code):		· <u> </u>	Cell Phone # (include area code):	
Print Name:			Date of Birth:		Social Secur	ity #:
Residence stre	et address:					
1			-		,	
City:		Stat	e:	Zip Code:		
City:		Stat	e:	Zip Code:		